PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: The form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be annual to the current correspondence address as indicated unless corrected below or directed unless or in Block. 1 by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for a separate property of the property of th maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 07/24/2007

FISH & RICHARDSON PC

P.O. BOX 1022

APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 99704.898 1.1002.0000 Firas Abi-Nassif 12144-004001 4528 APPLN-TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES 5700 50 50 5700 10/24/2007 EXAMENER ART UNIT CLASS-SUBCLASS HO, CHUONG T 2616 370-412000 Change of correspondence address or indication of "Fee Address" (37 121-11) and the patient front page, list (1) the names of up to 3 registered patient attorneys or agents OR, alternatively, making as a member a 2 registered patient attorneys or agents OR, alternatively and the names of up to 3 registered patient attorneys or agents OR, alternatively and the names of up to 3 registered patient attorneys or agents OR, alternatively and the names of up to 3 registered patient attorneys or agents OR, alternatively and the names of up to 3 registered patient attorneys or agents OR, alternatively and the names of up to 3 registered patient attorneys or agents OR, alternatively and the names of up to 3 registered patient attorneys or agents OR, alternatively and the names of up to 3 registered patient attorneys or agents OR, alternatively and the names of up to 3 registered patient attorneys or agents OR, alternatively and the names of up to 3 registered patient attorneys or agent of up to 3 registered patient attorneys or agent of up to 3 registered patient attorneys or agent of up to 3 registered patient attorneys or agent of up to 3 registered patient attorneys or agent of up to 3 registered patient attorneys or agent of up to 3 registered patient attorneys or agent of up to 3 registered patient attorneys or agent of up to 3 registered patient attorneys or agent of up to 3 registered patient attorneys or agent of up to 3 registered patient attorneys or agent of up to 3 registered patient attorneys or agent of up to 3 registered patient attorneys or agent of up to 3 registered patient from the patient. The name of up to 3 registered patient attorneys or agent or	MINNEAPOLI	3, IVIN 33440-1022					
1102/2000 First Abi-Nassif 12144-004001 4528 APPLN TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE DON'T PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE DATE DUE DON'T PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE DATE DUE DON'T PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE DATE DUE DON'T PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DATE DE DATE DAT	APPLICATION NO.	APPLICATION NO FILING DATE		FIRST NAMED INVENTOR		TTORNEY DOCKET NO.	CONFIRMATION NO.
EXAMINER ART UNIT CLASS-SUBCLASS HO, CHUONG T 2616 370-412000 Change of correspondence address or indication of "Fee Address" (37 cl. high and of correspondence address or indication of "Fee Address" (37 cl. high and of correspondence address or indication of "Fee Address" (37 cl. high and of correspondence address or indication of "Fee Address" (37 cl. high and of correspondence address or indication of "Fee Address" (37 cl. high and of correspondence address or indication of "Fee Address" (37 cl. high and of correspondence address from PTO/SB122) attached. (37 cl. high and of correspondence address from PTO/SB122) attached. (37 cl. high and of correspondence address from PTO/SB122) attached. (37 cl. high and of correspondence address from PTO/SB122) attached. (37 cl. high and of correspondence address from PTO/SB122) attached. (37 cl. high and of correspondence address from PTO/SB122) attached. (38 cl. high and of correspondence address from PTO/SB122) attached. (38 cl. high and of correspondence address from PTO/SB122) attached. (39 high and of correspondence address from PTO/SB122) attached. (39 high and of correspondence address from PTO/SB122) attached. (30 high and of correspondence address from PTO/SB122) attached. (30 high and of correspondence address from PTO/SB122) attached. (30 high and of correspondence address from PTO/SB122) attached. (30 high and of correspondence address from PTO/SB122) attached. (30 high and of correspondence address from PTO/SB122) attached. (30 high and of correspondence address from PTO/SB122) attached. (31 high and pto particular address from PTO/SB122) attached. (32 high and pto particular address from PTO/SB122) attached. (33 high and pto particular address from PTO/SB122) attached. (34 high and pto particular address from PTO/SB122) attached. (35 high and pto particular address from PTO/SB122) attached. (36 high and pto particular address from PTO/SB122) attached. (37 high and pto particular address from PTO/SB122) attached. (38 high and pto particular address from P			OF DIGITAL DATA OV		SMISSION MEDIUM	12144-004001	
EXAMINER ART UNIT CLASS-SUBCLASS HO, CHUONG T 2616 370-412000 Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of Fee Address" (37) Change of correspondence address (or Change of Correspondence Address from Lange of Correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. Tex Address from PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address" indication for Tex Address "indication for Tex Address" indication for Tex Address" indication for Tex Address" indication for Tex Address" indication for Tex Address "indication for Tex Address" indication for Tex Address" indication for Tex Address "indication for Tex Address" indication for Tex Address "indication for Tex A	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	E TOTAL FEE(S) DUE	DATE DUE
HO, CHUONG T 2616 370-412000 271-18-18-18-18-18-18-18-18-18-18-18-18-18	nonprovisional	YES	\$700	\$0	\$0	\$700	10/24/2007
Change of correspondence address or indication of "Fee Address" (37 Change of correspondence address (or Change of Correspondence Address from 170/S81/2) attached. Fee Address from 170/S81/2) attached. Fee Address from 170/S81/2) attached. Fee Address indication for "Fee Address" Indication for "Revert Address indication for "Revert Address indication for "Revert Address indication for "Revert Address" indication for "Revert Address indication for "Revert Address" indication for "Revert Address indicated above" in the "Revert Address of the "Revert	EXAMINER		ART UNIT	CLASS-SUBCLASS]		
Change of correspondence address (or Change of Correspondence Address form FTOS/B1/22) attached.	HO, CHUONG T 2616			370-412000	,		
A check is enclosed.	FR 1.363). Change of corresp Address form PTO'SI "Fee Address 'I PTO'SI'47: Rev 0.3-0 Number is required. A ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG	ondence address (or Cha B/122) attached. iciation (or "Fee Address 22 or more recent) attach ND RESIDENCE DAT/ less an assignee is ident h in 37 CFR 3.11. Comp 3NEE INC.	nge of Correspondence ' Indication form ed. Use of a Customer to Use of a Customer To BE PRINTED ON T fied below, no assignee	(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor listed, no name will be; the PATENT (print or typ data will appear on the pa if a substitute for filing an a (B) RESIDENCE: (CITY CHELMS FOR	3 registered patent at cely, e firm (having as a me gent) and the names in meys or agents. If no i printed. e) e) ttent. If an assignee is sssignment, and STATE OR COURD. RD, MASSACHUS	s identified below, the de	ocument has been filed for
Authorized Signature Mohn X 74 Date 8-28-07	Sissue Fee			☐ A check is enclosed. ☐ Payment by recidit card. Form PTO-2018 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _06=1050_ (enclose an extra copy of this form). ☐ b. Applicant is no longer claiming SMALL ENITY status. See 32 CER 1.27(a/c).			
		Moln ?	RL-	Office.	Date 8 -	28-07	assignee or other party in

PTOL-85 (Rev. 07/07) Approved for use through 07/31/2007.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

This collection of information is required by 3 CFE 1.311. The information is equired to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Cindidentally is sported by 51 USC 1.12 and 37 CFE is collection in estimated to take 12 minutes to complete, including gathering, preparing, and this form and/or suggestions for reducing this burdon, should be sent to the Chef information Officer. U.S. Peters and Tacherach Collecting this burdon, should be sent to the Chef information Officer. U.S. Peters and Tacherach Chef information Officer. U.S. Peters and Tacherach Chef information officer. U.S. Peters and Tacherach Chef information of Officer. U.S. Peters and Tacherach C